

## Medicine and Human Values

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I WELCOME the opportunity to express the gratitude of the medical student body for the facility which we are dedicating today. We are pleased to receive from the people of California and the United States this first unit of a physical plant which, when completed, will rank as one of the finest in the nation. I cannot but note in passing, however, that this building is but the first of what must rapidly become a four unit medical center. If this institution is to continue to travel up the path of excellence along which it has begun, it must continue to enjoy the unwavering support, both moral and monetary, of the people whom it serves. In order to assure the right of all the people of this community to have access to the finest in health care, it is a necessity that this medical center continue its development as scheduled. Through the construction of this initial facility in the complex, the public has provided itself with a building designed for efficiency, utility and innovation in medical education.

As we formally dedicate this Basic Science Building, I would ask that we give pause to consider the second vitally important component of a university medical center — that is, the people whom it serves: its students, the faculty, and the community-at-large. Without such people, even the finest of facilities is but an empty shell, devoid of value or meaning. The wants and needs, the hopes and fears, the sickness and health of people — that is what the practice of medicine is all about. Medicine is a profession which must strive to be the ultimate synthesis of the highest in humanitarian goals with the finest in scientific knowledge.

We, as students, from our perspective as novices in the order of medicine, perceive the profession as perhaps no other group can. We have been consumers of medical care for more than twenty years. Now we are becoming increasingly involved in the delivery of health services as student physicians. This gives us a truly unique perspective from which we can well understand the needs and desires of both the consumers and the purveyors of medical care. In viewing the health scene of our nation we find, to our dismay, that in recent years scientism as a goal has frequently led to the neglect of the humanism inherent in medical practice; that the *science* of medicine has assumed precedence over the *art* of medicine. We perceive that medical practice should be a balanced alloy of science and art—that neglect of either aspect of the alloy contradicts our definition of medicine and betrays the trust with which we are charged by our patients. In short, we perceive that physicians can no longer concern themselves with the narrowest definitions of medical practice and of the nature of those things which contribute to medical knowledge. The social imperatives of the approaching decade require that we reach out and become ever more involved in the world around us.

It may strike many as unusual that, in dedicating a structure designed for and devoted to the basic medical sciences, I should so heavily emphasize humanism and the medical arts. Indeed, I would be the last to deprecate the value of the basic sciences in the practice of medicine. The alloy must be a balanced one, an amalgam of the finest in medical science with the highest ideals of medical art. Medical art without medical science is, at best, incompetence. And medical science in the absence of medical art is but a mechanical shadow of the true profession of medicine.

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It is for this reason that we, as students, elected to attend the University of California, San Diego. We believed that this institution, above all others, offered us the opportunity we sought for an education which would be of excellence in every aspect of medical science and medical art. On the whole, we have found that which we sought. We were most fortunate to find a faculty which embodies the finest principles of medicine as I have enumerated them — the highest competence in science with strong feelings of human concern. But this is an age which calls for more than concern — it calls for involvement and *action* in the alleviation of the social ills which plague the health of our nation. Ours is a society which has proved grossly unable to translate its scientific and technological expertise into adequate health care for its citizens. Our record is not a proud one — our country ranks a disheartening seventeenth among the nations of the world in infant mortality, far behind England, Sweden, and other so-called socialist countries. Ours is a nation in which maternal mortality among non-whites is some four times that in the white population.<sup>1</sup> In view of such startling statistics, we have no choice but to ask, "Where has American medicine failed?"

It is the feeling of the medical students of my generation that a primary error has been in the failure of the profession to consider man as a biological whole, molded by his physical and social environments. The complexity of the human body pales in comparison with the intricacies of man's behavior and his modes of social interaction. Through this failure to consider the immense manifestations of man's complex situation, a generation of physicians who are to a large extent ignorant of economic, sociological and ecological aspects of medicine has been produced. Medicine must treat the whole patient; it must become actively involved in selfless efforts to rectify the inequities of the human situation. That the pro-

fession has the capacity for effective social action must not be doubted. In the words of former U.S. Surgeon General William H. Stewart:

"Medicine has a great deal of policy-setting to do, and do quickly, at today's points of interlock between health goals and social goals. We need to develop creative and successful approaches to the delivery of care in the urban slums. We need to deal with the problems of rural medicine. . . . We need to consider the changing relation between practitioners and hospitals. . . . We need to face squarely the problems as well as the advantages of specialization and to strengthen our response to these problems. . . . No professional group that I know has a finer potential for contributing broadly to the formulation of social policy. Academic medicine has everything it needs—except, perhaps, the will and the willingness to enter a new, broader arena—to become a community of social innovators."<sup>2</sup>

I, and the medical students of my generation, would carry the responsibility of the profession one step further. We believe that medicine must concern itself with poverty. Medicine must concern itself with racism. Medicine must concern itself with environmental pollution. Medicine must involve itself with the world as a potent force in effecting social change. We hope that the physicians of our generation shall be the vanguard of a new breed. We hope that we may create a new and higher definition of the word *physician*. We will work, with the guidance and help of our teachers, to insure that all the people of the nation and the world have access to health care of the highest order. A utopian state of health is our goal and no man can find fault in that. If we do not aim for the best of all possible worlds, we cannot hope to shape even a tolerable world.

#### REFERENCES

1. Statistical Abstract of the United States, 1968
2. Stewart WH: Medicine and the community. *The New Physician* 18:30, 1969